N. B.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

06263

1. PLACE OF DEATH	(97)	
County Cearoline	Registration Dist. No. 62	
Village or City Zears Decelous	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Clisa Co 30 fr	001	
(a) Residence: No. Declare Zuel	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The second of the	21. DATE OF DEATH	193 (Year)
5a. If married, widowed, ar divorced  HUSDAND of (or) WIFE of  Solut / Baker	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, end year) Coug. 8" 1848	I last saw h_ la alive on T 1934;	death is said
7. AGE Years Months Days It LESS than	to heve occurred on the date stated ebove, atm.	
85 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as tollows:	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, at Course SAWYER, BOOKKEEPER, etc.		
9. Industry or business In which	arterio Actums	19245
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupation (month end year)		
In Diptible of Advantage	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)  (State or country)  Dellaware		
13. NAME Oliver Draper		
13. NAME OLEVEN JAMEN 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au'	opsy?
15. MAIDEN NAME wat presum.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT James (Address)	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	ξE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plate 211 Visaville Turbate fall 12 1939	Neture of injury	
19. UNDERTAKER Diegel Tura	-24. Was disease or injury in any way related to occupation of deceased?	eo
(Address) ( Deletow Mis-	It so, specify	
20. FILED - 12, 1934 Mrs DO Juge	(Signed) S and Ours	M. D.
Registrar.	(Address)	4,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	06264
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SIMIL OF MIMILIAND	OLIVIII TOTALE OF DETAIL
1. PLACE OF DEATH	11-0
county Caroline	Registration Dist. No. 6
Village or City Federalsburg	No. St., Ward
C) (H	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME William David B	0
(a) Residence: No. Todera sura Md (Usual place of bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  San, 13 <sup>1</sup> (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 1934 to 1934
6. DATE OF BIRTH (month, day, and year) Quant 31" 1933	Mast saw harm alive on Jan 13 / 1934 : death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at H-3 & ft-m.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Bilateval Brinches. Date of once 1-12.34
sawyer, BOOKKEEPER, etc. Smant.	Grumu.
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Federals Sura.	Other Contributory Causes of Importance:
(State or country)	
13. NAME Sighert Banning.	
	Name of operation Date of
(State or country) Md	What test confirmed diagnosid feedles as there an au'opsy?
15. MAIDEN NAME Mora May Hastings.	23. If death was due to external causes (VIOL MCE) fill in also the following:
16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide?Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sid XIETT Banning. (Address) Tederalsburg Md.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Federala wing Md Date San, 15, 1934	Nature of injury
19. UNDERTAKER 5. T. Fram & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Federalsburg, Md	If so, specify
20, FILED Jan. 14th, 1934 J. J. Framptom	(Signed) M. D.
Registrar.	(Address) Julianian (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATION back

FATHER

MOTHER

certificate

See instructions on

very important.

TION is CAUSE mation

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00265	
1. PLACE OF DEATH		
County Caroline	Registration Dist. No. 62	
Village or City Willeston	A4.	
Vinage of City (1)	f death occurred in a hospital or institution, give its NAME instead of street and number)	1
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds	i.
2. FULL NAME Bela ( Saulah)		
(a) Residence: No. Allessa (Usual place of abode)	St., Ward.  If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	•
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Class Bacelolu	22. Jaw. 1 HEREBY CERTIFO. That I attended deceased from	n L
6. DATE OF BIRTH (month, day, and year) Zully: 1883	I lant saw h T alive on faces 17 , 1937, death is seice	đ
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5-1-y-m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
X Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Churus Myocardetei ?	
To: Date deceesed last worked at this occupation (month end spant in this occupation		
12. BIRTHPLACE (city or town) Perce Louis (State or country)	Other Contributory Causes of importance:	
C 13 NAME OF THE STATE OF THE S	-	

Name of operation.

Manner of injury

12. B

14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town (State or country)

17. INFORMANT (Address) 18. BURIAL, CREA

19. UNDERTAKER (Address) Registrar.

Whet test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?. 23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Nature of Injury\_ 24. Was disease or Injury

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FFB 3 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	BWRITG PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	of i	plu	1000	
3	item	sho	of	
	very	IANS	ment	
	ED. E	SIC	state	
	SCOF	PHY	act	
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	H U	sup	in te	See i
•	WIT	fully	in pla	TION is very important. See instructions on back of certificate.
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	AIN	ld be	DEA	y im
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STATE (	OF MAR	YLAND-	CERTIFICATE	OF DEAT	<b>H</b> 0(	5266
County Caroline			210-6	Registration Dist	No. 63	
Village Dr City Pre	ston, Mo	(1	ND. f death occurred in a hospital or institu	tion, give its NAME ins	St.,	number)
2. FULL NAME Charles					,	
(a) Residence: Np. Pcc	Stan (Usualplace	of abode)	St., Ward.	If nonresident give	city or town and	d State
PERSONAL AND STATIST	ICAL PARTI	CULARS		ERTIFICATE O	F DEATH	
Male White  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	OR DIVORCE	RfED, WfDOWED, O (write the word) ngle	21. DATE OF DEATH	(Month)	(Day) That f satended	, 193 (Year)
	74. 74	2000	Cat Vas 20	0102110	Dread !	dead
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	May 16,	If LESS than I day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		importance	death is said
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Labore		autmobil	le acce	uy-	Date of one of
12. BfRTHPLACE (city or town) Bethl (State or country)	Occu	pation	Madagas	noserflere	S	
E 13. NAME Chas. Bla	des					
(State or country)	ver Brid		Name of operation		Date of _ Was there an	autopsy? 24
15. MAIDEN NAME Minnie Wi 16. BIRTHPLACE (city or town)	Denton,	Ι.,	23. If death was due to external cau Accident, seiside, or homiside? Where did injury occur?	ises (VIDLENCE) fill in	of injury.	
	es ston, Mo	.,	Specify whether in the courred in	THOUSTRY IN HOME	Leak	Malio
18. BURIAL, CREMATION, DR REMOVAL Place Linchester	Date1/2	23/34,19	Manner of injury	hack Jay	100	bocker
19. UNDERTAKER W. H. Hol (Address) Pre	lis & So ston, Mo	n i.,	24. Was disease or injury in any w.	ray related to occupation	of deceased?	200
20. FILED 1/22/, 1934	4 B. A.	Registrar.	(Signed) (Address)	Mary	don h	M. 1
If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Re	equesting U. S. No. 1.	1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ITH UNFADING INK---THIS MARGIN RESERVED WRITE BEAINLY

S. No. 1.

F. B.

PLACE OF DEATH	STATE OF MARYLAND
County aralene	CERTIFICATE OF DEATH
- Slandenson	Registration Dist. No.
FULL NAME OLA, U. B.	St; Ward)  (If death occurred is a hospital or institution, give its NAME is read of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, REDUCK	(Month) (Day) (Year
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 193
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2.1.
3 / 25 If LESS the	The CAUSE OF DEATH & was as follows:
CCUPATION (a) Trade, profession or particular kind of work	Cloud of the Processon
(b) General nature of industry business, or establishment in	Westerson
which employed or (employer)	Contributory Secondary
10 NAME OF HARMANIA BURNE	(Signed)
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal
of MOTHER Veslio Cooglis	TO TENOME ON THE PROPERTY OF T
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da, State, yrs mos da
(Information of the Best of the Knowledge	if not at place of death?  Former or * usual residence
(Address) Hulusan ml	TILCE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed/19 34 all much	20 INDERTANTE TODRESS
Registrar	11 10 Hawling Thelland In

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrvant, Cook ployed, as At "chool or At home. Care should be taken definite satury), may be entered at Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health whatever, write None. tired ( yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired or given up on account of the DISTASE CAUSING PEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-(a) Foreman. (b) Automobile factory. Statement of Occupation - Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. The material

ELECTRIC DEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epideunic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup?"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pueumonia,"

FEB

ture of the injury, as fracture of skull, and conseconditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, "Puerperal septicuemia." "Puerperal peritonitis," diseases resuiting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica." "Feart symptomatic), "Atrophy," "Collapse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (discase Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, monment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the State cause for which surgical operation was undervulsions," Poisoned by carbolic acid-probably sufcide. (secondary or Whooping cough; Nomenclature of the American Medical Association. For "Debility" ("Congenital," "Senlle," etc.), VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal intercurrent) affection need not be Chronic valvular heart discase; (Recommendations on state-"Anaemia" failure." "Haemor-"Coma," "Con-Measles; The na-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH  County Caroline	Registration Dist. No. 6
\$ (13.1.)	N.
Village or City Leav / Calquey	No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Duyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Cara Callali	au.
(a) Residence: No. Mean Bidgeley	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frenche 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor will be well as the second of the second or the s	(Month) (Oay) (Year)
ia. If married, widowed, or divorced  WISBAND OF  (or) WIFE(of)  Cames Calledon	22 I HEREBY CERTIFY, That I attended deceased from
1 de la companya della companya della companya de la companya della companya dell	193 9 to 193 9
DATE PROBLEM (Month, day, and year)	— // /A
7.3 1 day,	The state of the s
8 Trade profession or particular	ware as follows: Data of onis
8 Trade, profassion, or particular kind of work dona as SPINNER. House work? SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month/and spans in this securation (month/and spans in this securation (month/and spans in this securation).	Certerios clesoris years
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
To Data deceased last worked at this occupation (month) and spant in this occupation.	
12. BIRTHPLACE (city or town) War Pulgeloy  (State or country)	Other Contributory Causes of importance:
13. NAME Devard Long  14. BIRTHPLACE (city or town)	- Broncht frammoura 12-
14. BIRTHPLACE (city or town)	Name of operation 22 one Oate of Oate of
(State of country)	What test confirmed diagnosis? Buyand fwas there an adopsy?
15. MAIDEN NAME Water Personal States (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Tuaryland	Where did injury occur?
7. INFORMANT Jura Your Towers	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Declare Ceens Date Jaw 5 , 19	Natura of Injury
9. UNDERTAKER L. E. Lecone (Address) ON Personal	24. Was diseasa or injury in any way related to occupation of daceasad?_ VL
1 Common de la com	If so, specify (Signed) - S. Faler M.
O. FILED Yan 4, 19 K Davis.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrate ECFIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 2 1914			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
•	T RECORD.	Y. PHYS	Exact sta	
BINDING	ERMANEN	EXACTL	y classified.	te.
D FOR	IS IS A P	e stated	e properly	f certificat
MARGIN RESERVED FOR BINDING	NG INK-THI	AGE should b	that it may b	ons on back o
MARGIN	TONFADIA	y supplied.	ain terms, so	See instructi
	PLAINLY, WI	nould be carefull	OF DEATH in pl	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE	mation sl	CAUSE (	Si NOIL

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00269
County Caroline	93:0
Village or City Denton Md.	Registration Dist. No.
(If Length of residence in city or town where death occurred 20 yrsmos.	NO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?yrsmosdeath occurred in the property of
2. FULL NAME Catherine Coxxi	ins,
(a) Residence: No. Denton Md (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  San 9th  (Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBANO of James C. Collins, deed	22.   HEREBY CERTIFY, That I attended decaesad from
6. DATE OF BIRTH (month, day, end yaer) A 12 185H 7. AGE Years Months Oays If LESS than 1 day,	to heve occurred on the date stayed above, et. 2.3. H.m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this occupation (month and	Ware as follows:  Oute Mysearditis  Jan 7
work wes done, as SILK MILL, SAW MILL, BANK, atc  10. Date dacaased last worked at this occupation (month and year)	<i>y</i>
12. BIRTHPLACE (city or town) Caroline Co. (Stete or country)	Olhar Contributory Causes of Importance:  Chronica Pronclutes 1930
13. NAME Robert R Edgers  14. BIRTHPLACE (city or town)  (State or country)  Delanare	Name of operation
15. MAIDEN NAME Mancy Todd.	What tast confirmed diagnosis? Was there an europsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carla 11 12 Co.  (State or country)  17. INFORMANT Mis Watter 5. Leffey  (Address) Denton, Md	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Lederals burg Md. Oate Jan. 12th, 1921	Manner of injury
19. UNDERTAKER 5. T. Tramptom & Son (Address) Federals Sura Ma	24. Was disease or injury in any way related to occupation of decaased? ???
20. FILEO	(Addrass)

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB S 1504 TH			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
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	E P	sho	OF	TION is very important. See instructions on back of certificate.	
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V. S. No. 1	B.		4500	-	
>	Z		1-	1	Separate de

STATE OF MARYLAND	CERTIFICATE OF DEATH (1/27)
1. PLACE OF DEATH	(89)
County Caroline	Registration Dist. No. 6/
Village or City Greensboro (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME James H. Coo	per
(a) Residence: No. Greens bara (Usual place of abode)	/ St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crofaer,	22. I HEREBY CERT (F)Y, That I attended deceased from
6. DATE OF RIRTH (month, day, and year) Mich 17-18-71	lee 27, 1933, to Jan. 10, 1934. death is said
6. DATE OF BIRTH (month, day, and year) MCCV / / Y  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
13 10 25 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Pulured Muuslur SAWYER, BOOKKEPER, etc.	>
9. Industry or business in which	Carried Clarence P
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER. Letter Mutuality SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Mary Lund	
H. Is. MARIE TURNES	
13. NAME ames Gerford  14. BIRTHPLAGE (city or town)  (State or country)  Mary Earl	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Les George	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Jawl Cooper, (Address) Lieup buro md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harmony, Ma Date all. 13 1934	Nature of injury
R BIR autimen.	24. Was disease or injury In any way related to occupation of deceased? 74
19. UNDERTAKER Greens ovol md	If so, specify
20. FILED and 12, To 34 L. Man Pepper	(Signed) Williams & boro Massland
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9000
County Caroline	Registration Dist. No. Lo H
Village or City Near Federals Eura R.F. B	No. St Warr
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2 FILL MISS: 10	ds. How long in U.S. if of foreign birth?yrsds
	n Davis,
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 am. 12th
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(Or) WIFE Of unknown	22. I HEREBY CERTIFY, Thet Lattended decessed from
6. DATE OF BIRTH (month, dey, and yeer) Que, 3 18H1	I last saw h Salive on 1/41 19 3 Yueath is sale
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 3/15 R.m.
92 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	1 Al Marker 17 3
work was done, as SILK MILL, SAW MILL, BANK, etc.	Carac roy carains
Date deceased last worked et this occupation (month and 1988) spant in this occupation occupation.	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Carosa me Co. (State or country)	
14. BIRTHPLACE (city or town) sankrule	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth gottac	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
DA 0 00, DI .00	Where did Injury occur? (Specify city or town, county and State)
(Address) rederal source, Md. R.F. B	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL +6	Menner of Injury
Place Detres, Md, Date San, 1H, 193H	Nature of Injury
19. UNDERTAKER 5. T. Framptom & Son	24. Was disease or injury in any way related to occupation of deceased?
- ith	If so, specify (Signed) M.D. (Signed) M.D.
20. FILED Dan, 13th, 1984 5.5. Transton, Registrar.	(Address) - Felloching
If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Date of onset		
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
<u> </u>		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

	ACE OF DEATH	-		92-0	, ,
C	ounty Corolin	A		Registration Dist. No	6.6
Vi	illage or City Rudge	ly		NoNo	St.,Ward
Le	ength of residence in city or town where	e death occurred 14	(I yrsmos	death occurred in a hospital or institution, give its NAME instead of str	
	JLL NAME Mrs	Emma	St.	+ Qu	
	a) Residence: No.	dach	Junor		
(0	nesidence. No.	(Usual place of	abode)	St., Ward.  If nonresident give city or to	own and State
	ERSONAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED (	ED, WIDOWED,	21. DATE OF DEATH	
tem		marie	d	(Month) (Day)	, 193 (Year)
1143	BAND of			22. O I HEREBY CERTIFY. That La	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or)	WIFE of Thomas I	- Day		22. I HEREBY CERTIFY, That I a	111 -11
6. DATE (	OF BIRTH (month, day, and year)	hril 9	1818		7-4, 1934- 1934-; death is said
7. AGE	Years Months /	Days	If LESS than	to have occurred on the date steled above, et 1.40 P.m.	
	65 8	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan- were as follows:	
2 × T	rade, profession, or particular	1 2	1		Date of onset
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	foure rue	pu	Rheumatic Heart Disease	55 Mes a
20.00 A 10.00	ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	hame		(mitreal Stenoria + insuffice	my) 10
10. D	As bedrow feel becaused at	11. Total time	e (years)	(myocardeli + Endacorditi	2
X	this occupation (mouth and year)	33 spanti	in this tion?		
12. BIRTH	IPLACE (city or town) East	· ·		Other Coutributory Causes of importance:	4.7.24
	itata or country) Jalbat	Co. mo	l.	Branchopnumania	1-2-34
13. N	AME Perry St	ewart			25
14. BI	IRTHPLACE (city or town)	Q	<i>A</i>	Name of operation 22 and Da	ate of
	(State or country) Jack	at lo -	ma	What test confirmed diagnosis? Chinical Fundiwas to	ere an au'opsy?_212_
15. M.	AIDEN NAME Eliza.	malane	ey	23. If death was due to external causes (VIOLENCE) fill in also the fe	
16. BI	IRTHPLACE (city or town)	1-1	4	Accident, sulcide, or homlcide? Date of injury_	
. 1	(State or country) Kerr	to we	la	Where did injury occur? (Specify city or town, county a	-16
7. INFOR		may Bar	nes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE.
	ddress) Eastern L. CREMATION, DR REMOVAL	mg.			
	and wild	Date Jan	6" 1934	Manner of injury	
	15/5	- Ma		Nature of injury	
19. UNDER (A	RTAKERA	Soul	en	24. Was disease or injury in any way related to occupation of deceas	sed? The d
		1200		(Signed) Taker	
20. FILED	Jan 5, 19 3 4 /	m/ hilleman.		(viginal)	M. D.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYL PLACE OF DEATH CERTIFICATE OF DEATH aroline Registration Dist. No. .... Ward) If death occurred in a hospital or institulon, give its NAME in--tead of street MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANEN 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE (Month) should (Write the word) HEREBY CERTIFY. That I attended the deceased from BINDING 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the dete stated above. 7 AGE If LESS than The CAUSE OF DEATH : was as follows: I day .... hrs. ds. or ... min. ? OCCUPATION RESERVED (a) Trade, profession or particular kind of work..... oe carefully TH in plain important. (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or count DE 10 NAME OF (Address) 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from OF FATHER C 00 0 Z Violent Causes, state (1) Means of Injury: and (2) whether (State or countr Accidental, Suicidal or ilomicidal AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .... vrs......mos......da. State.....yrs.....mos. 0 (State or country Where wes disease contracted. 3 TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence, CIANS statements IL OR REMOVAL DDRESS Registrar more blanks are needed, address State Registrar, 16 W. Saratoga St., Ball., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques cupation is very important, so that the relative health business, that fact may be indicated thus: Furmer state occupation at beginning of illness. If retired from or given up on account of the disease causing brath, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupation: of persons ployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotice engineer the first line will be sufficient, e. g., Farmer or Plantor tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or or At Home, and children, not gainfully emspecially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. Wom-The material 0.64

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

vulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failurc," "Haemor ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. State cause "PUERPERAL septicuemia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nonenclature of the American Medical Association.) Examples: Accidental drowning; .. (name origin; "Cancer" is less definite; avold FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-Carcinoma, Sarcoma, etc., of (Recommendations on state-Struck by railway Always qualify all The contributory The na-(merely (disease (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons ployed, as At vehool or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locumstive engineer the first line will be sufficient, e. g., Farmer or Planter tion applie: to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. tired ( yrs.). Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The ques-

Ease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e.g., sepsis, telanus) may be stated under the ary), 10 ds. Never report mere symptoms or Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor. symptomatic), "Atrophy," "Collapse," conditions, such as "Astheuia," "Anacmia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, ctc. use of "Tumor" for malignant neoplasms); Measles; mges, peritonacum, etc., "inqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; takeu. For VIOLENT DEATHS State MILANS OF INJURY State cause "Puffiveral septicaemia," "Puffiperal peritonitis," etc. can be ascertained as the cause. vulsions," Examples: Accidental drowning; Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) peritonacum, ctc., Carcinoma, Sarcoma, etc., St ... (name orighn; "Caucer" is less definite; avoid "contributory." "Debility" ("Congenital," "Senile," etch for which surgical operation was under-(Recommendations on stateaffection need not be Struck by railway Always qualify all The contributofy "Coma," "Con (discase The naterminal (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence, all the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  22. I HEREBY CERTIFY. That I attended decease to have occurred on the date stated above, at Harmonian Date were as follows:  1 I last saw h alive on 1 1922 death to have occurred on the date stated above, at Harmonian Date were as follows:  25. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  26. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  27. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	75
Village or City  Length of residence in city or town where death occurred	
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? Yrs mos ds. How long in U. S. if of foreign birth? Yrs mos ds. How long in U. S. if of foreign birth? Yrs mos ds. How long in U. S. if of foreign birth?	
(a) Residence: No.    (businglace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended decease of the properties of	Ward
(a) Residence: No. Mard. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Fig. 1. Set of BIRTH (month, day, and year)  7. AGE  Years  Medical Certificate Of DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That i attended decease in 19 % 1, 10 %	ds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1. If married widowed, or divorced (word)  21. DATE OF DEATH  (Month) (Month) (Day)  (Month) (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Month)  (Day)  (Day)  (Month)  (Month)  (Day)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Day)  (Month)	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. ACE  Years  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY. That I attended decease of the decease of the last stated above, at th	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. ACE Years Months Days If LESS than 1 day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1. SAW MILL, BANK, etc.  21. DATE OF DEATH (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (A)  (Month)  (Month)  (Month)  (Month)  (Month)  (A)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)	
OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. ACE  Years  Months  Days  If LESS than 1 day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  OR DIVORCED (write the word)  (Month)  (22.  I HEREBY CERTIFY. That i attended decease to have occurred on the date stated above, at Harm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  OR DIVORCED (write the word)  (Month)  (23.  I last saw h alive on last a law on	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY, That I attended deceas 1,19,7-1, to 1,	Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date The REBY CERTIFY, Inat 1 attended decease (1974) and 1 dece	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Work was done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date	ed from
7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date  One of the date stated above, at	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date	h is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	ofonset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Under this occupation (month and spent in this occupation (month and spent in this occupation occupation )	
12. BIRTHPLACE (city or town) Marrindel Dther Contributory Causes of importance:	
(State or country)	
13. NAME Probert Account	
13. NAME Robert Account Name of operation Date of State or country)	
what test confirmed diagnosis? Was there an autopsy	?
16. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Date of injury	9
(Specify city or town, county and State)  17. INFORMANT	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Date Am 18 , 1934 Nature of injury  Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  (Address) Transform Make If so, specify	æ
20. FILEB/17/36, 19 address (Signed) (Signed) (Address) Alakara (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- marin	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EEB 10 1939			
Other contributory causes of importance:S.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 N. B.—

item of infor-

of OCCUPA-

1. PLACE OF DEATH	——————————————————————————————————————
County Caroline	Registration Dist. No.
Village or City Federalsburg, (If Length of residence in city or town where death occurred \( \lambda \) yrs \( \text{mos} \)	No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number)  ids. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vertie Harriet Hubbert (a) Residence: No. Federalabura (Usualplace of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Ferse, hite, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ido ed,	21. DATE OF DEATH  January, 29th, 193 4  (Month) (Day) (Year)
HUSBAND of Joseph H. Hubbert, dec'd	22. I HEREBY CERTIFY. That I attended daceasad from 27, 1934, to 200 27, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the data stated above, et 1508. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Note that the second state of the second state	Jall Bladder With
year) 1934 occupation Life	Dibyr, Contributory Causes of importance:
12. BIRTHPLACE (city or town) Darchester Co. (State or country)  M.A.	and Discuse 6 Wee
13. NAME James Baker,  14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Name of operation Date of Was there an au' operation Was there an au' operation
15. MAIDEN NAME Elizabeth Towers,  16. BIRTHPLACE (city or town) Caroline Co. (State or country) Md.  17. INFORMANT Irs LeRoy I. Nichals. (Address) Federal sburg. Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Federalsburg, Mode Feb. 1st, 1934	Manner of Injury
19. UNDERTAKER J. T. Franktom & Bon, (Address) Federal sburg, Md. 20. FILED Dan 30" 1934 S. S. Transton	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)
Registrar.	(Address) Jufullaling Mills 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND—CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\	
	ORD. Every	HYSICIANS	t statement	1	
- T	NT REC	LY. P	l. Exac		
INDING	RMANE	XACT	classified		
JARGIN RESERVED FOR BINDING	IS A PE	stated E	properly	certificate	
ERVED	K-THIS	hould be	may be	back of	
N RESI	ING IN	AGE S	so that it	ctions on	
IARGI	UNFAL	supplied.	n terms,	ee instru	
	, WITH	arefully	I in plain	tant. S	
	PLAINLY	onld be ca	F DEATH	ery impo	
H	-WRITE	mation she	CAUSE 0	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.		(	7	1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	
County Carrlens	Registration Dist. No. 66
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. II of loreign birth? yrs. mos. ds.
2. FULL NAME . Harter Lang	
	A. W. A.
(a) Residence: No. Ridgely (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH  Annuary  (Month)  (Day)  (Year)
5e. If merried, widowed, or divorced HUSBAND of	0 1
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from 1931 to Jam 25 1934
Jun 5" 1878	I last saw h alive on 2
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 10 m.
55 7 20 1day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Puluronary Intercations 7th 193
9: Industry or business in which work wes done, as SILK MILL,	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Totel time (years) spent in this occupation  23	
12. BIRTHPLACE (city or town) Caroling Co (State or country)	Other Coutributory Causes of Importanco:
13. NAME Frank Lang  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Scolin Mulby  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in elso the Iollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19,
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Frank Robert Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ridgely had Dete Par 28, 1934	Manner of injury
19. UNDERTAKER 9. Vingilation	24. Was disease or Injury In any way related to occupation of deceased? 200
20. FILTO Cary 27, 1934 Shairs.	(Signed) Authority M. D.
Registrar.	· (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECTUENT	1915	Attack of epilepsy	1 week ago	
Chronic interstitial	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FES 9 464	July 5,1927	Peritonitis	3 days ago	
	Billian V				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 62
Village or City Penton	No. St., Ward
	If death occurred irr a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME adeline dever.	
(a) Residence: No. Denton (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) What was	21. DATE OF DEATH Jaw, 55 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charley devices	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jack, 14, 1865	I last saw h alive on , 1979 ; death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 or min.	were as follows:  Date of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spell I II III 2	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
-110	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). No not know	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
	Where did injury occur?
17. INFORMANT Derold Lewis (Address) Braton nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deuton 20 Date Jan 28, 1934	Manner of injury
19. UNDERTAKER DESCRIPTION OF CHARLES CONTROL SUMMER OF CHARLES CONTROL SUMER OF CHARLES CONTROL SUMMER OF CHARLES CONTROL SUMER CON	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED - 2 2 , 193 4/ Am D & Lung ( Registrar.	(Signed) Mulu / MM) M. D.  (Address) Caula M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 LES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

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_	WI	eful	in
	X,	car	LH
	Z	be	EA
	LA	plu	F D
	E	sho	0 3
	RIT	ion	CAUSE OF DEATH in plai
4	N. B.—WRITE PLAJNLY, WITH	mation should be carefully	CAI
V . 25. 140. 1	B.		
	ż		1-

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 00279	
County Caroline	9200 Residentian District (0.0	
Village or City Marydell. Md.	Registration Dist. No. CO	
Village of City Mar. Yasala Mas.	NoSt.,W If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmod	sds. How long In U.S. if of foreign birth?mosmos	
2. FULL NAME John Pataky		
(a) Residence: No. Maryale (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Marrid	21. DATE OF DEATH 30 (Pay) (Year (Year	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pataky	22. I HEREBY CERTIFY, That I ettended deceased in the second of the seco	
DATE OF BIRTH (month, day, end year) Dec. 2 1865	Mast saw hell alive on Japa 20 , ach is	
. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at . 8	
8 Trade profession or particular	216 07 01	
SAWYER, BOOKKEEPER, etc. Foreman	Organie Heart - 44	
9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc. Steel Plant	1 1/20	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year) SEDT 1931  1931	(oucours)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
	- Julian Julians	
13. NAME Stephen Pataky  14. BIRTHPLACE (city or town) (State or country) Hunguary	Name of operation	
15. MAIDEN NAME Susizana Mate	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Susizana Mate  16. BIRTHPLACE (city or town) (State or country) Austria Hunguary	Accident, suicide, or homicide?	
7. INFORMANT Mary Pataka (Address) Marydell, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL PlacGreensboro. Md. Date Feb. 2. 134	Manner of injury	
9. UNDERTAKER R.B.Rawlings. (Address) Greensboro./Md.	24. Was disease or injury in any way related to occupation of deceased?	
10. FILED /31/34 acomieto  Registrar.	(Signed) (Address) (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

## STATE OF MARYLAND-CERTIFICATE OF DEATH

00280

II LAGE OF BEATTI	(82:00)	
County Caroline	Registration Dist. No. 6	
Village or City Greensboro. Md	ND. St, Ward	
	f death occurred in a hospital or institution, give its NAME instead of street and number)	
	s ds. How long in U. S. if of foreign birth?	
2. FULL NAME Elizebeth E. Rickerds		
(a) Residence: No. Green Shore (Usual place of abode)	St., Ward.  If nonresident give city or lown and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Femail White Narried (write the word)	Jan. 31. 1934 193 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rickerds	22. I HEREBY CERTIFY. That I attended deceased from  1934, to 1934; death is said	
6. DATE OF BIRTH (month, day, and year) Aug 2. 1875		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
60 0 29 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and an 31 193/gppant in this Life year)	Genehar Demoschaft 1/31/39	
12. BIRTHPLACE (city or town) Maryland (State or country)	Dther Contributory Causes of importance:	
Thomas Riggold	- Completion of the control of the c	
13. NAME Thomas Riggold  14. BIRTHPLACE (city or town) ####################################	Name of operation	
# 15. MAIDEN NAME Mary E. Hubbard	23. If death was due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Mary E. Hubbard  16. BIRTHPLACE (city or town)  (State or country)  Maryland	Accident, suiside, or homicide?	
17. INFORMANT Charles Rickards (Address) Greensboro. Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Green sboro. Md Date Feb. 3.1934	Manner of injury  Nature of injury	
19. UNDERTAKER R.B.Rawlings (Addrass) Greensboro. Md.	24. Was disease er injury in any way related to occupation of deceased?	
20. FILED Jan 31, 1534 L. Mas Popper	(Signad) Carry Hollowed M. D. (Address) Ressure STU, Maray and	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis Fil 2 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(107 a) UU281
County Carles	Registration Dist. No. 4
Village Dr City Yrun Fro	NDSt,Ward
Length of residence in city or town where death occurred vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign bigMy?mosds.
do ma	080:000
2. FULL NAME TO SUPPLIE	a sugaren a name
(a) Residence: No. (Usual place of abode)	St., Ward. HOSS  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Terrale OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yedr)
5a. If married, widowed, or divofced HUSBAND of (or) WIFE of	22. Jan 1 HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Oct. 10 1933  7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at /, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Volume  Note: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and spent in this	ware as follows: Occording to the Ristory this child from while died of preumania, bronchial in type of
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Dthor Contributory Causes of importance:
(State or country) Maryland	
13. NAME	
14. BIRTHPLACE (city or town) Clarence Johnson - (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city ar town)  (State or country)	23. If death was dua to external causes (VIDL ENCE) fill in also the following:  Accident, suicida, or homicida?
17. INFORMANT Matthews Romal (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL  Place Chair Consulary Date January 1934	Mannar of injury J. R. Smith illeg.  Nature of Injury Mary del
19. UNDERTAKER Offin The Tather, (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED EN 8, N3 4 S Mad lipping	(Signed) He flawings Copyrons, (Address) The services
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 2	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street cor	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For Potting and	ACE FOR FURTHER	STATEMENTS I	BY PHYSICIAN	
L. G. Pijajin	7-6-34	0		

N. B.

1. PLACE OF DEATH	(B)(C)
County Carthur	Registration Dist. No. 62
Village or City Newlon	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
1 0 0 11	/-
2. FULL NAME Sarah Conno Safe	2
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tenness to	21. DATE OF DEATH  (Mghth)  (Day)  (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dune 18-1858	I las (saw h. l. alive on Jan 9 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related obuses of importance were as tollows:
8- Trade, profession, or particular kind of work done, as SPINNER. Wife SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	Chime hyrradite 1930
10. Dato deceased last worked at this occupation (month and year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Bronchiectario 1920
13. NAME Joseph Borth	
13. NAME (Joseph Both  14. BIRTHPLACE (cityfor town) Delaware	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Jaylor	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Delaware.	Accident, suicide, or homicide?, 19, 19
17. INFORMANT A: Por Safe, Garnesille Va	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place farmington Du Date and 11, 1934	Nature of injury
19. UNDERTAKER M. K. Newnau	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Seulan mod	If so, specify
20. FILED - 10, 1934 My DO Tunge Registrar.	(Signed) M. D. (Address) Desitor M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRAFD	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

should state

1. PLACE OF DEATH	99.0
County Caroline	Registration Dist. No. 62
Village or City Destloa -	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How tong in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME danca lane Shanne.	
(a) Residence: No. De Mona (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Wind Shawe	22.   HERBBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Left. 8, 1866	I last tow h. 25 alive on Jacob 25, 1934; death is sale
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date state above, atm.
67 7 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Frade, profession, or particular kind of work done, as SPtNNER,	1939
kind of work done, as SPTNNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chronice fligrendels
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
SW . O O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James Bradford Bishop	
14. BIRTHPLACE (gits or town). The Control of the Control of town).	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comply Seneth.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAN Dalfa States	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lender Ma. Date Jano 10, 19 14	Nature of Injury
19. UNDERTAKER A Collin Charles (Address)	24. Was disease or injury In any way retated to occupation of deceased?
1 22 212 144	(Signed) Musion Oscare M. D.
20. FILED 1934 100 to the desired Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes. Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nembritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RUREAL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI TION I OIL	T. CHOT TITLE	DIVITAMENTO	111	I ILLIDAULZIA

OCCUPATION

FATHER

MOTHER

TION is

STATE OF MARYLAN  1. PLACE OF DEATH	D—CERTIFICATE OF DEATH
County Caroline	Registration Dist. No.
Village or City Ridgely	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)mosds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Eliza J. Stanford	
(a) Residence: No. Ridgel (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the wind of Wildowed)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stanford  6. DATE OF BIRTH (month, day, and year) Sept 13, 1874	22. I HEREBY CERTIFY That I attended deceased from Jau 13, 1934, to Jau 16, 1934.  I last saw h-22 alive on Jau 15, 1934; deeth is said
7. AGE Years Months Days If LESS	1 2248
7 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
59 4 5 or n	nin. were as follows: Date of one et
Kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc. HOUSEWORK  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)  10. Dato deceased last worked at this occuration (month and separation this comments of the separation this security in the separation (month and separation this security in this security is security in this security is security in this security in th	Orone interstitual nephicus Custo
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	134
12. BIRTHPLACE (city or town) (State or country)  Maryland	Other Contributory Causes of Importance:
	and the second
13. NAME James Salisbury  14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation 100 to Date of What test confirmed diagnosis? Clauses Was there an autopsy?

14. BIR Miranda Webb 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city er town) Maryland (Stete or country) Where did Injury occur? (Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Betrice Mosley 17. INFORMANT Ridgely. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -Date Jan. Place Green aboro Nature of injury 19. UNDERTAKER . R. B. Rawlings 24. Was disease or injury in any way related to occupation of deceased? Greensboro. (Address) If so, specify (Signed) 20. FILED\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hetel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Perilonilis	3 days ago
magnitude of	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3. SEX

7. AGE

OCCUPATI

HER

FAT

MOTHER

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

(State or country)

Name of operation ... What test confirmed diagnosis?\_

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 Where did injury occur?\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

If so, specify

Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

certificate.

N. B.

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00400
County Caroline	Registration Dist. No.
Village or City Near Friend-ship	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Me Tie F. Taylor	
(Usual place (Nabode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That is a second or described to the condition of the c	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of ORIVER M. Taylor,	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Vet. 5th 1895	Nast saw h C V alive on Jan 6 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	the have occurred on the date stated above, at L. 3.0.P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware-as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House-work	Ciribwal. Alemanhage Date of onest 34
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased last worked at this occupation (month and year) - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
12. BIRTHPLACE (city or town) Dorchester Co.	Other Contributory Causes of Importance: Call Discusse
13. NAME Charles Rowens.	
14. BIRTHPLACE (city or town) Dorchester Co. (State or country)	Name of operation
15. MAIDEN NAME Saffie E. Wiffiams	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Coroline Co, (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT DAYER M. TANGER.  (Address) Tederal Skyra Md B.F. D.	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tederal stary, Md. Data Jan. 8", 1934	Nature of Injury.
19. UNDERTAKER J. T. Frankstom & Son. (Address) Leder 988 449 Md. R. F. D	24. Was disease or Injury In any way related to occupation of deceased? // 0
20. FILED Jan. 8th, 1934 5.5. Fram Storm. Registrat.	(Signed) (Address) Hadevalsling mil) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH COUNTY Caroline	(67.a) Bailetin Did II.	3
Village or City Bethleheur	Registration Dist. NoSt.,	Ward d number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. If of foreign birth?yrs	
2. FULL NAME Jawes 15. Wheld	elon	
(a) Residence: No. Dethlehem (Usual place of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married	21. DATE OF DEATH (Month) (Day)	, 193 <del>//</del>
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Maggie Wheedleton	22.   HEREBY CERTIFY, That I ettende	d deceased from
6. DATE OF BIRTH (month, day, and year) fam. 11, 1877 7. AGE Years Months Days If LESS than	110-1	death is said
56 // 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MHL. All Poad Commun. SAW MILL, BANK at 10. Date decased last worked at 172 11. Total time (petrs)	Branks Par	1/,/
work was done as SILK MALL all Load Connum	vien	133
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation year)		
12. BIRTHPLACE (city or town) Caroline, Malf (State or country)	Other Contributory Causes of importance:	
13. NAME William Vheedleton		
14. BIRTHPLACE (city or town) MA (State or country)	Name of operation Date of_	
15. MAIDEN NAME May lever Grillitle	What test confirmed diagnosis? Wes there an  23. If death was due to external causes (VIOLENCE) fill in elso the followin	
15. MAIDEN NAME May Curry Griffith  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Elling Meealleton (Address) Bethlebern, 1410	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Illion Cun Oate Jan 8 1934	Manner of injury	
19. UNDERTAKER Marine & Herman Jon (Address)	24. Wes disease or injury in any way related to occupation of deceased?	no
20. FILED 1 - 6 - , 1934 Lour Btyanna	(Signed) A Strive (Address) Falleable	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1 5.	11		
Other contributory causes of importance:	and a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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should state

OCCUPA-

Jo

certificate.

jo

See instructions on back

TION is very important.

17. INFORMANT .. (Addrass) 18. BURIAL, CREMATION

19. UNDERTAKER

(Address)

	STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	00288
1. PLACE OF			- FO	OI DENTI	00.00
County 7	A.	,	(33)	Decistration Dist.	No. 62
Village or Cit	<b>CO</b>	7	11_	Registration Dist. I	
Village of Ci	y sec	Carry (If	death occurred in a horpital or institu	ntion, give its NAME instea	d of street and number)
Length of resid	lence in city or town where dea	h occurredyrs,mps	ds. How long in U.S. if o	of foreign birth?	yrsds.
2. FULL NAM	ME Tred	James/Us	ight fr		
(a) Residenc	e: Np.	Denton à	Ward.		
		(Usual place of abode)		If nonresident give cit	
	AL AND STATISTIC			ERTIFICATE OF	DEATH
3. SEX	4. COLOR OR RACE 5	OR DIVORGED (write the word)	21. DATE OF DEATH	(au) 3	
E- 16		vergle-		(Month) (	Day) (Yaar)
5a. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced		22. // 1 HEREBY	CERTIFYOI	at I attanded deceased from
(01) 1111 E 01			July	, 1993 to Jan	1. 3 1934
6. DATE OF BIRTH (	month, day, and year)	av. 4= 1913	I last saw h. Late alive on	Jan.	2,19.34; death is said
7. AGE Year		Days If LESS than	to have occurred on the date state	ed above, at	1,
2	0 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of in	1
8. Trade, profess	sion, or particular ork done, as SPINNER	1. 1. 4	A	n A	Date of onset
kind of wo SAWYER,	BDDKKEEPER, etc.	omitus	Cucinoma	1 Jan	y July
work was	dona, as SILK MILL, ., BANK, etc			1	
U 10. Data deceased	d last worked at	11. Total time (years)		· · · · · · · · · · · · · · · · · · ·	
year)	ation (month and	spant in this occupation	->		
12. BIRTHPLACE (city	or town Devil	vee .	Dther Contributory Causes of impo	ortance:	1425
(Stata or count		Eugryland	Laccasema	7 Ferres	se trace
13. NAME	J. J. Wir	ight			7
14. BIRTHPLACE	(city or town)		Name of operation Padum	- Qualmul	Date of Pray 149
(State or o	country) Zu	arestoned.	What test confirmed diagnosis?		Was there an autopsy?
15. MAIDEN NAM	IE Colara	Suith	23. If death was due to external cau		
16. BIRTHPLACE	(city or town) Rei	dgeley	Accident, suicide, or homicide?	Date of	injury, 19
≤ (State or o	country)	1 Zud	Where did injury occur?	(Sanifaribuses	70
	1 40 1/ 7/	1 / market		(Specify city or town, o	county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury Nature of injury

If so, specify

24. Was disease or injury in any

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EFR 3 1841			•
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
and gare speeds amounted			